## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. ~Q

Date:	1-1 1-00	Address:	1144 BRADIET
Case #:	35F27976	·	HYG BRADIEY EVANSWILL FOR
County:	<u>Vanderburgh</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel  Open No Structure  Other:
(check all th	ad: Location (bedroom, kitchen, open a lat apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s):		
Flammable Solvents: Diversay			
Water Reactive Metal (Lithium):			
Anhydro	ous Ammonia:		
☐ Hydroch	nloric Acid Gas Generator(s):		
Corrosiv	ve Acid: Dane ison		
Corrosiv	ve Base: ANUEWA)		
Other (it	tem and location):		
☐ Yes ☐ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip official
This report	is to be faxed to the following agen	<u>cies that serve the k</u>	ocation:
Health Depa	nent: Evansville FD  artment: Vanderburgh Co.  ction Service:	Fax: <u>435-6</u> Fax: <u>435-5</u> Fax:	612
For further i	nformation regarding this methampho	ctamine laboratory, co	ontact

Investigating Officer: <u>Trp. Doug Humphrey</u> Phone <u>812 867 2079</u>

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.